



# COLORADO MISSIONS TEAM APPLICATION

## APPLICATION PROCESS

Colorado Missions Team Missionaries serve in a missionary or mission support role for a minimum of 20 hours a week for a period of 3 months to 2 years. Submitting this application indicates your agreement to the above time criteria, if approved.

1. Pray: Seek God's guidance before applying to be part of the Colorado Missions Team.
2. Download and complete this form. Return it to [plvolunteers@aol.com](mailto:plvolunteers@aol.com) along with a digital photo of you in JPEG form.
3. Notify your references that they will be receiving a form via email. The form will need to be completed and emailed back to us.
4. Download and print the background check form. Complete the printed form and mail it along with a fee of \$15 to...

Colorado Baptist General Convention  
c/o Ginger LeBlanc  
7393 S. Alton Way  
Centennial, CO 80112-2302

If you have any questions or need help contact Pat and Larry Walker at [plvolunteers@aol.com](mailto:plvolunteers@aol.com) or 970-275-3533.

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## YOUR CONTACT INFORMATION

Today's Date:

Last Name:

First Name:

Middle Name:

Preferred Name:

Birth date:

Gender:           MALE

Race (optional):

FEMALE

Home Phone:

Cell Phone:

Street Address

City, State, Zip:

Email:

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## SPOUSE AND FAMILY INFORMATION

MARITAL STATUS:      SINGLE                      ENGAGED                      WIDOWED

Married

Date:

Divorced

Date:

Spouse's Full Name:

Spouse's Preferred Name:

Names of dependent  
children living with you:

Has your spouse applied for CMT?

Yes

No

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## FINANCIAL STATUS

I will...

provide all my financial support.

be working as a tentmaker.

be raising my financial support.

## INSURANCE

Medical and life insurance are not provided by the Colorado Baptist General Convention for CMT Missionaries.

However, it is required that CMT Missionaries maintain adequate insurance coverage.

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## CHURCH MEMBERSHIP

Church Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email:

How long have you been a  
member?

Pastor's Name:

Name of State Convention:

Name of Association:

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## EDUCATION AND TRAINING

Highest Level of Education:

Plans for Future Education:

List Any Specialized Training and Skills:

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## EMPLOYMENT EXPERIENCE

LIST YOUR LAST 3 EMPLOYED SECULAR AND/OR CHURCH POSITIONS:

From To Position

Organization/Company Location

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From To Position

Organization/Company Location

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From To Position

Organization/Company Location

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## RECENT VOLUNTEER MINISTRY EXPERIENCE

IN CHURCHES, ASSOCIATIONS, MINISTRIES, ETC.

From

To

Position

Organization/Company

Location

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From

To

Position

Organization/Company

Location

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## BELIEF AND PRACTICE STATEMENT

BRIEFLY DESCRIBE YOUR CONVERSION EXPERIENCE (include age, place and circumstances of your conversion)

BRIEFLY DESCRIBE YOUR CALL TO MISSIONARY SERVICE

## BELIEF AND PRACTICE CONTINUED

Do you believe that the Bible is inerrant, "truth without any mixture of error?"

Do you believe that the miracles and historical events in the Bible actually occurred?

Do you believe that Jesus Christ is the virgin-born Son of God who died for our sins, rose bodily from the grave and is coming again?

Do you recognize immersion of believers as the scriptural mode of baptism?

Are you an active member, in good standing, of a cooperating Southern Baptist Church?

Do you give regularly to support your church financially and encourage participation in the Cooperative Program, Annie Armstrong and Lottie Moon Mission Offerings?

Are you actively involved in personal verbal witnessing?

Do you engage in public or private glossolalia (speaking in tongues)?

Have you ever been convicted of a felony?

Do you use tobacco products?

Have you consumed alcohol as a beverage in the last twelve months?

Is there anything in your lifestyle that could be an embarrassment to the mission cause (eg. illegal use of drugs, pornography)?

If you answered 'yes' to the above question, please explain below.

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## REFERENCES

ALL REFERENCES MUST HAVE AN EMAIL ADDRESS

Pastor's Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email:

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Reference Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email:

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Reference Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email:

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## PERMANENT CONTACT PERSON

SOMEONE NOT LIVING WITH YOU

Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email:

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## LIABILITY RELEASE

If I accept placement with the Colorado Missions Team, I wish to make it clear that I will not expect any organization which I may work or be associated with to be responsible or liable to me for any loss or damage to my personal property or any injury or illness I may suffer. I hereby release the Colorado Baptist General Convention, SBC, its related entities, local association and local church or other place of Christian ministry from all claims and demands.

(In completing this form electronically - typing full legal name **(first, middle, last)** below will constitute your legal signature.)

Signed

Date